

**DEPARTMENT OF LAW**

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Keith Dye  
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**Assistant Directors of Law**



**Daniel Horrigan**  
Mayor

Re: Your Claim Against The City of Akron

Dear Claimant:

Enclosed is the claim form you requested. Please be advised that only the property owner may file a claim. Please provide the requested information that applies to your claim. If a requested item does not apply to your claim, mark that item "N/A."

For property damage claims, you must submit at least two (2) written estimates or replacement of the items. If the items have been repaired or replaced, receipts must be submitted.

Please be advised that on property damage claims, if you have insurance, you must submit proof of your deductible and any other amounts not covered. This information must be submitted whether or not you choose to make a claim with your insurance company. If you have attempted to submit a claim to your insurance company that has been denied or your policy excludes coverage for the loss that you incurred, written proof of the denial or exclusion must be submitted. Ohio law specifies that the City of Akron is entitled to a set-off for the amounts you are entitled to receive from your insurance company. Therefore, if your claim is determined to be valid, the claim will be limited to the amount of your insurance deductible plus any other amounts not covered by insurance.

Upon receipt of the completed form, an investigation will be conducted. After the investigation is complete, it may be necessary to schedule a claims hearing to resolve the matter. If a hearing is scheduled, you will be notified by mail at least two (2) weeks prior to the hearing date. You may attend the hearing or send an authorized representative to appear in your place.

Should you have any questions regarding your claim, please contact the Claims Agent at (330) 375-2030.

Director of Law

**CITY OF AKRON  
Department of Law  
Claims Form**

OFFICE USE ONLY  
**DO NOT WRITE IN THIS AREA**

**Claim No.:** \_\_\_\_\_

**TYPE OF CLAIM**

____ AFD	____ APD
____ Engineering	____ Highway
____ Sanitation	____ Sewer
____ Water	____ Cust. Serv.
____ Health	____ Parks
____ Plans & Per.	____ Rec.
____ Water Dist.	____ Traf. Eng.
____ Other:	_____

**(Please Type or Print All Information)**

**1. GENERAL INFORMATION**

**Name:** (Mr. Mrs. Ms.) \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City and State Zip Code

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Approximate Time of Incident:** \_\_\_\_\_

**Exact Location of Incident:** \_\_\_\_\_

**Total Amount of Claim:** \_\_\_\_\_

**2. MEDICAL EXPENSES:** (Be sure to enclose copies of medical bills)  
**DOCTOR/HOSPITAL (Include addresses).**

**AMOUNT**

_____	_____
_____	_____
_____	_____
_____	_____

3. **DESCRIPTION OF COMPLAINT:** (Be specific and use additional sheets if needed. If applicable, include a license plate number).

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4. **PROPERTY DAMAGE:** (Must submit two written estimates and/or receipts, if applicable).  
**ITEM** **AGE OF ITEM** **DAMAGE AMOUNT**

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

5. **INSURANCE COVERAGE FOR PROPERTY DAMAGE CLAIMS:** YES \_\_\_\_\_ NO \_\_\_\_\_  
(Please check one)

If yes, you must submit proof of your deductible and any other amounts not covered. This must be submitted whether or not you file a claim with your insurance company.

**Name of Carrier:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone No.:** \_\_\_\_\_

**Deductible and other amounts not covered:** \_\_\_\_\_

Pursuant to Ohio Revised Code Section 2744.05, the City of Akron is entitled to a set-off for the amounts you are entitled to receive from your insurance company. This means that the only part of your claim that will be considered is the amount of your insurance deductible and any other amount not covered by insurance whether or not you choose to file a claim with your insurance company. Therefore, you must submit written verification from your insurance company of your deductible and any other amount not covered.

6.	WITNESS NAME(S)	ADDRESS/CITY/STATE	PHONE NO.
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

(Use an additional sheet if needed.)

7. ARE YOU AWARE OF ANY OTHER PERSON(S) WHO MAY BE RESPONSIBLE? IF SO, GIVE THE NAME AND ADDRESS OF THE PERSON(S).

_____	_____	_____	_____	_____
Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Name	Address	City	State	Zip
_____	_____	_____	_____	_____
Name	Address	City	State	Zip

8. DID YOU REPORT THIS INCIDENT TO ANY PERSON(S) WORKING FOR THE CITY OF AKRON? IF SO, TO WHOM?

NAME	DEPARTMENT	PHONE NO.	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. ARE YOU INVOLVED IN ANY OTHER CLAIM(S), LAWSUIT(S), OR DISPUTE(S) WITH THE CITY OF AKRON? IF SO, PLEASE GIVE DETAILS.

CASE/CLAIM NUMBER	COURT/OFFICE	DATE FILED
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. IS THIS CLAIM CURRENTLY BEING BROUGHT IN ANY OTHER COURT/OFFICE OR HAS IT BEEN IN THE PAST? IF SO, PLEASE GIVE DETAILS.

CASE/CLAIM NUMBER	COURT/OFFICE	DATE FILED

11. ARE YOU CURRENTLY INDEBTED TO THE CITY OF AKRON? IF SO, PLEASE GIVE DETAILS.


	SIGNATURE OF OWNER
WITNESS TO OWNER'S SIGNATURE	PRINTED NAME
PRINTED NAME	DATE
DATE	